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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/039,313	
	Filing Date	October 27, 2001	
	First Named Inventor	Shariff et al.	
	Art Unit	3724	
	Examiner Name	Ashley	
Total Number of Pages in This Submission	15	Attorney Docket Number	006593-1953

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Thompson Hine LLP P.O. Box 8801, Dayton, OH 45401-8801	
Signature	S/10/06	
Printed name	Steven J. Elleman	
Date	Reg. No.	41,733

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FEE TRANSMITTAL
For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **700.00**

Complete if Known

Application Number	10/039,313
Filing Date	October 27, 2001
First Named Inventor	Shariff et al.
Examiner Name	Ashley
Art Unit	3724
Attorney Docket No.	006593-1953

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1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims <u>21</u>	Extra Claims	Fee (\$)
<u>27</u> - <u>20</u> or HP = <u>6</u>	<u>50</u>	<u>300</u>
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims <u>2</u>	Extra Claims	Fee (\$)
<u>4</u> - <u>2</u> or HP = <u>2</u>	<u>200</u>	<u>400</u>
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u> - 100 = <u> </u>	<u> </u> / 50 = <u> </u>	(round up to a whole number) x <u> </u>	<u> </u>	<u> </u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)** _____

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	41,733	Telephone	937.443.6838
Name (Print/Type)	Steven J. Elleman	Date	5/10/06		

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(Date of Deposit)

Attorney

41,733

Reg. No.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Application No. : 10/039,313
Docket No. : 006593-1953
Applicant : Shariff et al.
Filed : October 27, 2001
Title : FEED GRIP FOR A FOOD SLICER
Art Unit : 3724
Examiner : Ashley

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In response to the Office action mailed February 24, 2006, please amend this application as follows:

05/15/2006 SHASSEN1 00000068 10039313

01 FC:1202 300.00 DP
02 FC:1201 400.00 DP